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## **Commercial Certificate of Occupancy** Application

Application Date:		Start of Business Date:	
Location of Business:		L	
Business Name:			
Type of Business:		Land Line Telephone Number for 9-1-1 Purposes:	
Property Owner's Name:		Telephone Number:	
Property Owner's Address:			
Business Owner's Name:		Telephone Number:	
Business Owner's Address:			
Provide a description of the curr First Floor commercial space.)	ent use(s) on the p	roperty. (For example: Second Floor apartment;	
2. Provide a description of the prop	posed use(s) on the	property. (see above)	
ATTACHED THE FOLLOWING TO	THIS APPLICATI	ON:	
3. Site Drawings – Property: Provide a stamped surveyor drawing showing property lines, building(s) and off-street parking spaces.			
home that will be used for the b. For Commercial Certificates	e Home Office; in : Provide a signed ed business, includ	terior of the residence and the area within the dicate the percentage of floor area. /sealed drawing, drawn to scale, showing the ing aisle widths, location of new items (tables & ons, restrooms, etc.)	
5. Additional Requirement for Fo	od Service Faciliti	es. Attached Health Application and required fee.	
Required Fee Submission:	Amount S	Submitted:	
II OCC	Ф 20.00	Fee Includes One Inspection.	
Home Office Commercial Certificate	\$ 30.00 \$ 35.00	Dayment shall be made by	
Change of Use Permit	\$ 64.00	Payment shall be made by: Cash, Check or Money Order	
Health Bureau Review Fee	\$100.00	cush, check of history officer	

\$ 25.00 \$ 75.00 Note: Additional fees may be required – refer to Fee Schedule, Form \_\_\_\_\_.

Tax License

Fire